



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR-05-10085-RCL	
DEFENDANT Hana Al Jader (Defendant)		TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Office of the Town Assessor		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Town Hall, First Floor, 730 Massachusetts Avenue, Arlington, MA 02476		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY ASSISTANT U.S. ATTORNEY OFFICE OF THE UNITED STATES ATTORNEY John Joseph Moakley Federal Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve a copy of the attached Preliminary Order of Forfeiture upon the above-referenced entity via certified mail, return receipt requested. JLJ xt 3297			
Signature of Attorney or other Originator requesting service on behalf of Kristina E. Barclay, Assistant U.S. Attorney		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100 Date Oct 23, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
I <input type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman Forfeitures Specialist	
REMARKS: The above described Order was served by certified mail. A copy of certified mail form 7001 2510 0003 4299 5204 is attached. Mailed on October 27, 2006. Postal records indicate delivery/receipt on October 30, 2006			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY


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Label/Receipt Number: **7001 2510 0003 4299 5204**
 Status: **Delivered**

Your item was delivered at 8:34 am on October 30, 2006 in
 ARLINGTON, MA 02476.

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Office of the Town Assessor
 Street, Apt. No. 730 Massachusetts Ave.
 or PO Box No.
 City, State, Zip+4 Town Hall 1st Floor
 Arlington, MA 02476

PS Form 3800, January 2001

[See Reverse](#)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Office of the Town Assessor
 Town Hall 1st Floor
 730 Massachusetts Ave.
 Arlington, MA 02476

2. Article Number

(Transfer from service label)

7001 2510 0003 4299 5204

PS Form 3811, August 2001

2005040170000201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 X *[Signature]*
☐ Agent
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes

 If YES, enter delivery address below: ☐ No

OCT 30 2006

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes